## PATENT AP

## CATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/530781

| CLAIMS AS FILED - PART I  |  |   |  |                                    |                     |                                      |     |                     |                        |    |                     |                          |
|---|--|---|--|------------------------------------|---------------------|--------------------------------------|-----|---------------------|------------------------|----|---------------------|--------------------------|
| _   | *  |   | (Colum   |                                    |                     | (Column 2)                           |     | SMALL EN            | TITY                   | OR | OTHER<br>SMALL      | THAN<br>ENTITY           |
| U.S. NATIONAL STAGE FEES  |  |   |  |                                    |                     |                                      |     | RATE                | FEE                    | 7  | RATE                | FEE                      |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150  |                                    | LARGE ENT. = \$ 300 |                                      |     | BASIC FEE           | 150                    | OR | BASIC FEE           | -                        |
| EX  | AMINATION F                                    | EE  | Satisfies PCT A<br>(4) = \$50                                    | /\$ 100                            |                     | ther situations =<br>\$ 100 / \$ 200 |     | EXAM. FEE           | 100                    | 1  | EXAM FEE            | <del> </del>             |
| SEARCH FEE  |  |   | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                                    |                     | ther situations =<br>250 / \$ 500    |     | SEARCH FEE          | 200                    |    | SEARCH FEE          | <del> </del>             |
| FEE FOR EXTRA SPEC. PGS.  |  |   | min  | us 100 =                           |                     | /50=                                 |     | X \$ 125 =          | -                      | 1  | X \$ 250 =          | <del> </del>             |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2/ minus 20 =  |                                    | •                   |                                      |     | X \$ 25 =           | 25                     | OR | X \$ 50 =           |                          |
| IND   | EPENDENT CI                                    | AIMS                                      | 2 m  | inus 3 =                           | •                   |                                      |     | X \$ 100 =          |                        | OR | X\$200=             | <b> </b>                 |
| <b>—</b>  |  | DENT CLAIM PRI                            |  |                                    |                     |                                      |     | +\$ 180 =           |                        | OR | + \$ 360 =          |                          |
| * 61  | f the difference                               | e in column 1 is                          | less than zero   | than zero, enter "0" in co         |                     |                                      |     | TOTAL               | 475                    | OR | TOTAL               |                          |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |                                    |                     |                                      |     | SMALL E             | YTITY                  | OR | OTHER<br>SMALL E    |                          |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY          | PRESENT<br>EXTRA                     |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE   |
|   | Total  | 21  | Minus  | -21                                |                     | =                                    |     | X \$ 25 =           | \                      | OR | X \$ 50 =           |                          |
|   | Independent                                    | ' /                                       | Minus  | <del></del> 3                      |                     | = —                                  |     | X \$ 100 =          |                        | OR | X \$ 200 =          |                          |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                    |                     |                                      |     | + \$ 180 =          |                        | OR | +\$360=             |                          |
|   |  |   |  |                                    |                     |                                      |     | TOTAL ADDIT.<br>FEE | 7                      | OR | TOTAL ADOIT.<br>FEE |                          |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                                    |                     |                                      |     |                     |                        |    |                     |                          |
| 9   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | er<br>Usly          | PRESENT<br>Extra                     |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>• FEE |
|   | Total  | •   | Minus .  | **                                 |                     | =                                    |     | X \$ 25 =           |                        | OR | X \$ 50 =           |                          |
| . AME   | Independent                                    | <u> </u>                                  | Minus  | ***                                |                     | =                                    |     | X \$ 100 =          |                        | OR | X \$ 200 =          |                          |
|   | FIRST PRES                                     | ENTATION OF MI                            | JLTIPLE DEPE   | NDERT C                            | MIAJ                |                                      | . [ | + \$ 180 =          |                        | OR | + \$ 360 =          |                          |
|   |  |   |  |                                    |                     |                                      |     |                     |                        | OR | TOTAL ADDIT.        |                          |
| * If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                    |                     |                                      |     |                     |                        |    |                     |                          |